

*‘Lending a hand’: the well-intentioned work of a non-profit organisation on the outskirts of neoliberal Lisbon*

*Introduction*

This paper focuses on the mental health of two immigrants supported by a non-profit organisation on the outskirts of Lisbon, Dona Lúcia and Albino<sup>1</sup>. The ethnography sets out the discourse of these users who are also residents of Terraços da Ponte, a social housing neighbourhood, and the workers who try to help them in the context of the non-profit organisation’s endeavours.

Using semi-directive interviews, life stories and data collected during eleven months of intensive ethnographic fieldwork, the intersections between the non-profit’s users and its employees are presented and critically discussed in this article. The space and conditions which these individuals inhabit, as well as the history of the old Quinta do Mocho (the slum where they used to live before being rehoused in the new neighbourhood), are central in the analysis of how local subjectivities are formed and negotiated. The paper shows that interventions merely focused on trying to ‘lend a hand’ may do more harm than good to the communities, because the efforts employed by these non-profits disregard the causes producing illness and suffering in the first place.

*Governing the nation, one household at a time*

Quinta do Mocho was considered for decades as one of the largest informal neighbourhoods in the country. Located in Loures, a municipality in the Metropolitan Area of Lisbon, it was inhabited by almost four thousand individuals, most of them adult and of African origin. When in 1974 a residential project at Quinta do Mocho was suddenly abandoned without being completed due to the insolvency of the real estate company responsible for the construction of these buildings, its first inhabitants began to arrive. The influx of residents skyrocketed in the early nineties, a period of increasing need of unskilled labourers for public works. Seeking to

<sup>1</sup> The identity of the users, the non-profit and its workers are protected by the use of pseudonyms. All the participants willingly contributed to this study and gave formal consent.

escape decolonisation and civil wars in previously Portuguese colonies, and attracted to seemingly better living conditions in Portugal, these immigrants initially occupied four abandoned towers. Empty elevator shafts, bare walls and the lack of minimal habitability conditions were resourcefully thwarted with sand, bricks and tiles brought in by the residents themselves to fill the skeleton of the buildings, until they were rehoused in a new urbanisation sponsored both by the municipality of Loures and a state programme in 2001.

In the 1990s, several factors contributed to a growing interest of state policies in erasing informal construction from the capital city. Two stand out: the construction of roads to circulate inside the capital (and that were projected to zones where many clandestinely lived); and the organisation of two events in Lisbon that focused the eyes of the public (especially foreign) on the city and, consequently, on the problems of precarious urban construction. Lisbon European Capital of Culture 1994 and Expo 98 promoted an imagined modern city contrasting with the reality of Lisbon in the early nineties: a city populated by neighbourhoods of informal construction.

The entry of Portugal into the European Economic Community (EEC) in 1986 was also one of the drivers behind the creation of the Special Rehabilitation Programme (Programa Especial de Realojamento or PER, in Portuguese) in 1993 to eradicate slums in the metropolitan areas of Lisbon and Porto - which its legislation defined as 'a scourge still open in our social fabric'. The PER therefore aimed to rehouse almost 50,000 households, which resulted in the disappearance of Quinta do Mocho and almost all of the remaining slums nationwide. The project to restructure this space included the demolition of the towers and the construction of the municipal neighbourhood of Terraços da Ponte, a controlled income neighbourhood where former residents were formally rehoused. Notwithstanding, this was not PER's sole ambition.

'In addition to seeking the eradication of shacks, PER had the objective of reducing social exclusion through access to decent housing, which could be reached through social housing. This objective appears to stem from an a priori stigmatization about the life and sociocultural conditions of the residents of the degraded neighbourhoods, which suggests the overlapping of deficit housing conditions and supposedly poor social conditions.'<sup>2</sup> (Cachado, 2011, pp. 8)

The beneficiaries of social housing were seen as victims of the environment in which they had been living and their residential conditions were described as inhumane and unsanitary, which allowed for PER politicians to keep its narrative as levelling and homogenising. The social

<sup>2</sup> All subsequent translations from Portuguese, unless otherwise stated, are my own.

body was compared to an open wound and the residents' lifestyle analysed from a top-down perspective, which led to the application of social and political measures independently of local specificities or prior consultation with the population. Comparing the nation to a sick body allowed for the production of an internal enemy, which hid within the national community. Properly identified, it was on this singled-out problem that the state intended to act, like a surgeon on an open wound, rational and paternalistically healing its ailing body through a nation-level housing programme, thus reinforcing the state's mission of maintaining national harmony narratives (Aretxaga, 2003).

### *The production of vulnerability and suffering on the margins of Lisbon*

Local nuances of different informal construction neighbourhoods were reduced to operational concepts under PER - poverty, delinquency, crime - and housing policies materialised as measures to act upon and govern the population (Burchell, Gordon & Miller, 1991). The hygienist objective, which had pervaded housing policies since the beginning of the 20th century (Cachado, 2013) and that had justified the intervention in these territories and the populations living there, was the foundation behind the idea of Lisbon as a modern city (Adorno, 1999, Wacquant, 2008). The programme succeeded in providing for new homes, but often failed to solve the vulnerability associated with living in informal neighbourhoods, as this article will show.

As Das and Poole (2004) point out, a better understanding of the phenomena at the margins - considering that Quinta do Mocho was physically, economically, and symbolically on the periphery of the centre of power and the capital (Cachado, 2011) -, should depart from the weberian analytic perspective that conceives the state as a form of rational political organisation stronger at its core and weaker at its social and territorial limits. The authors argued for an anthropology of the margins of the state which conceptualises the limits as necessary parts of its relation to the centre, just as the exception is a necessary component of the rule.

Also inspired by Agamben's work (1998), some anthropologists (Biehl, 2005, Schinkel, 2009) have found several ethnographic examples where the exception is part of the norm. These places are defined not only territorially, but as spaces where state practices are colonised by further forms of regulation emanating from urgent population needs. These communities are thus included only as exceptions, not as subjects holding full civic rights. It solely guarantees

their biological survival, not its sustainable permanence in the life of the city (Fassin, 2001). Social programmes such as PER were designed to ‘alleviate the suffering of individuals defined as vulnerable and often resulted in their intensification (...) classifying subjects into rigid categories through complex mechanisms of pathologisation, criminalisation and social exclusion’ (Pussetti and Brazzabeni, 2011, pp. 468). These engagements provoked structural violence consequences, a set of distinct forces which act upon individuals in different ways depending on the unequal power relations at stake (Farmer, 2004). They restrain individuals’ power of choice, constrain their free will and agency and prevent them from reaching their full potential, thus causing social suffering (Das, Kleinman, Lock, 1997). Every so often programmes created to oppose the various ways in which these social forces act end up exacerbating or even causing new types of suffering, perpetuating stereotypes and a culture of poverty where targeted groups are seen as part of a weak population and as ideal recipients of social policies (Wacquant 2008, Fassin, 2005, Garcia 2010).

These projects decontextualize ‘suffering—how it is recognized and represented, and the solutions created to reduce it, rather than how it is experienced— [and how it] arises from particular historical and political conditions’ (Gardner, 2018, pp. 164), but never recognise that the cause of the suffering might be a consequence of the actions intended to relieve it.

In such cases, the ethnographic method proves to be an outstanding mode to reflect upon the incongruences and the paradoxes for both givers and recipients of help (Das, 2015, Han, 2018). It allows for the understanding of the ambiguous positions of the interveners, but also to fathom the adequate deployment of concepts in anthropological theory. As Sliwinski clarifies in her ethnography about humanitarianism, reciprocity and moral economies in post-earthquake El Salvador, ‘the gift is not an abstract category with which to make sense of humanitarian conduct in the face of disaster. It is a lived dimension fraught with contradictions, perhaps even more so when different actors perform humanitarian roles.’ (2018, pp. 24).

### *A drop in the ocean: a critical anthropological perspective of non-profits contribution to neoliberalism*

The rise of non-profit organisations around the world, a movement which became popular in the mid-eighties and early nineties with the hollowing out of state governments due to neoliberal economic policies (Schuller, 2012, Siliunas, Smalll & Wallerstein, 2019), has been the object of interest for anthropologists who have ‘critiqued NGOs for acting as handmaidens

to liberalism or as an arm of the state' (Mertz and Timmer, 2010, pp. 171). Attentive to the many-sided roles played by these institutions, anthropologists who work for NGOs and who also research them ethnographically, question how these institutions unintentionally harm the populations they serve at the same time as they attempt to link marginalised territories to structures of power. During these decades, humanitarianism began to establish itself as 'a particular moral and political project through the formation of transnational nongovernmental organisations' (Ticktin 2014, pp. 273).

Keshavjee (2014), inspired by Ferguson's (1994) critique of neoliberalism, found with his ethnography in Badakhshan, that there was a hidden reason inspiring the mission of these institutions: a change of mentalities in access to health care. The donations on which these organisations depend, and which finance their social interventions, also remove the democratic component from the provision of their services, acting as yoke - conscious or not - of the mentality that is sought to spread. NGOs are thus closer to the ideology of donors than to the needs of the communities they serve. For the anthropologist, this mentality becomes irresistible partly because it is invisible to both recipients and mediators, who, even well-intentioned ones, are unaware of the motives behind these programmes.

As Siliunas, Small and Wallerstein (2019) have suggested, there are similar difficulties faced by low-income individuals when dealing with welfare officers and non-profit organisations. Due to their dependency on external financing, but also because of state retraction from welfare provision (Wacquant, 2008), NGOs nowadays function as intermediaries with vulnerable populations and state substitutes on a local level, mimicking its work. Therefore, 'the complicated dynamics that ensue can have detrimental consequences for the relation between non-profits and their clients and for the decisions of the poor themselves, who are at times forced to acquiesce to substantial intrusions for the sake of government support.' (Siliunas, Small and Wallerstein, 2019, pp. 124). Often, these organisations reproduce the same discourse based on responsibility, deservingness (Watkins-Hayes & Kovalski, 2016), individual vulnerability and humanitarian issues (Ticktin, 2014, Bornstein, 2003), motivating the development of programmes solely focused on the survival of aid recipients, without actually questioning the causes or solving the inherent problems instigating them.

However, not only secular organisations serve as means to govern vulnerable populations. As Caple James and others (2019) have showed based on ethnographies conducted in different locations, faith-based aid institutions and religious charities have also been mobilised to manage populations on behalf of the state, for example, acting locally as its intermediary.

Despite being considered vulnerable, aided persons are seen as victims traumatised and in need

of intervention, but also as transgressors (Fassin, 2005). This compassion/repression binomial that hardly knows resistance is paved with good intentions and is also present in most social programmes with ‘vulnerable’ populations and territories. Consequently, migrant communities are studied, categorised and monitored in order to ensure their integration and to reduce their vulnerability (Pussetti and Barros, 2012).

‘These individuals are construed as being vulnerable, but also a risk: they lack the necessary skills to exercise their freedom, but they also lack the moral and psychological traits essential for the exercise of a liberal kind of citizenship, such as self-sufficiency, autonomy and even control over their passions or sexual impulses. We are therefore told that we must act on two levels: one that is structural, in which the goal is to create the right institutions, promote civic society and remove the political and economic obstacles to progress; and one that is pedagogic, in which the goal is to educate, cultivate the skills of the individual, promoting a moral and personal transformation towards an autonomous and liberal self.’ (Pussetti, 2015, pp. 25)

These authors argue that health intervention initiatives often have a double function and have been introduced through NGOs in areas where access is difficult, as in the case of neighbourhoods such as Terrços da Ponte. This is partly because the government does not have the structures necessary for sustained intervention, but also because of the stigma many of these neighbourhoods carry. Therefore, these associations fulfil the ultimate goal of using health as a shortcut to the production of a modern self – although included by exclusion (Das and Poole, 2004) - empowered, self-sufficient and autonomous, responsible for its own health and mentally stable (Rose, 1989).

The motivations behind these actions remained unquestioned and the consequences hardly ever dealt with, because, as Fassin (2005) argued, compassion is difficult to criticise. These so-called ‘peace crimes’, that is, the bureaucracy or strict rationality behind several processes of structural violence (Farmer, 2004), which and of itself is a source of pathologies, were therefore perpetuated simultaneously. As Fassin (2000) and Garcia (2010) pointed out, precautions must be taken regarding services devoted to the care of immigrants and other individuals who are in need and who seek psychosocial support. Although not purposefully, these institutions end up promoting more violence, or a different kind of it, provoking the so-called ‘unintended consequences of intentional actions’ (Kleinman & Hanna, 2013, pp. 20). These are characterised by their intentionality or by the rigidity of the habits with which they are associated, causing unanticipated or even perverse consequences. At the very least, social suffering causes are not addressed, and its aftereffects continue.

The next section presents an ethnographic account of how in Quinta do Mocho a non-profit organisation focused on empowering and guaranteeing basic health conditions to its users, paradoxically has been contributing to the preservation of the socio-economic injustices that undermine them in the first place.

### *The birth of a non-profit organisation*

With the admission of Portugal in the EEC, the influence of the state in the lives of ‘vulnerable subjects’ was intensified:

‘European programmes and strategies to combat social exclusion gradually replaced the notion of poverty with the concept of social exclusion, a multidimensional phenomenon that involves participatory asthenia, and prescribed the active involvement of social policy recipients in their own “insertion process” in order to combat “assistentialism” through empowerment, understood as “capacity to manage change itself”’. (Rodrigues, 2012, pp. 5).

Local authorities’ and non-profit organisations’ powers were strengthened within this process. According to Rodrigues, this top-down perspective provided for the aligning of state objectives with those of the local powers reproducing its discourse, which were given the financial and instrumental means to develop projects and initiatives at a local level. This type of community activity is not really bottom-up, continues the author, instead it replicates executive decisions due to their proximity and implements social projects that do not always converge with the interests of the residents, but end up changing their relationship with the state (Keshavjee, 2014).

At Quinta do Mocho, the identification of urgent social needs by the government in the 1990s led to the creation of a group of health promoters and cultural mediators selected among the inhabitants of this neighbourhood. When the official implementation period ended, these same promoters believed that their work was far from completion. In 2000 they united their efforts and founded a non-profit organisation focused on the health promotion and socio-cultural development of the then rehoused community. They dedicated themselves to empower a vulnerable community in order to achieve these goals<sup>3</sup>.

<sup>3</sup> As other authors have noted, the deployment of supposedly universal ideals and international development tropes, such as “‘community’, ‘sustainability’, ‘helping people to help themselves’, and ‘empowerment’”

HDP ‘lends a hand’ (this being the name of one of its main social projects) to its users in various ways. One day the psychologist could be providing mental health support to a patient going through a difficult time and on the next day the same psychologist could be driving another resident to a doctor’s appointment or helping him or her find a job. If suffering existed in the neighbourhood, the non-profit would employ its best intentions to help diminish it.

For these endeavours Health and Development Promoters (HDP) has been receiving financial support from different entities, such as government agencies or private funders. Nonetheless, these resources are scarce: HDP relies on the voluntary work its founders can provide every now and then and on just enough funding necessary to hire unexperienced social workers and psychologists who do the best to diminish the suffering of whomever asks for their help. They do it without the necessary means or expertise, but with the strong belief that there is a moral imperative to help (Bornstein, 2003, Ticktin, 2014). After every year, because the non-profit is financially unable to hire them and as their internship comes to an end, they are inevitably let go.

Nowadays, due to structural cuts imposed by the International Monetary Fund (IMF) to Portugal, funding for social projects has diminished and the already limited resources sustaining HDP were reduced to the distribution of Food Bank aid. The interns I met during my fieldwork continued working as volunteers for the NGO when the non-profit was no longer able to pay for their salary, in order to guarantee that the recipients of help whom they had become attached to during the course of their internship would at least have basic food products to survive. Entangled in this moral economy of compassion (Fassin, 2005), volunteering for the non-profit after being dismissed emerged as the only option for the psychologist and the social worker to engage with ‘humanitarianism, development and philanthropy, political activism and social justice’ (Prince & Brown, 2016, pp. 2). However, as Muehlebach noted, quoting Hannah Arendt, volunteerism ‘unites citizens through the particularities of cosuffering and dutiful response, rather than the universality of rights; through the passions ignited by inequality, rather than presumptions of equality; and through emotions, rather than politics’ (2011, pp. 62).

During my eleven months of fieldwork at Terraços da Ponte, as an ethnographer, I was able to work side by side with the founders of HDP and the interns. Following Davies (1999) observations on what an ‘reflexive ethnography’ should encompass, I have considered my

(Gardner, 2018, pp. 172), often contrast with the local worlds of aid recipients. However, the use of this language is mandatory in order to guarantee adequate funding from state agencies. (Cruikshank, 1999).



long-term involvement with the field, my subjective and empathetic relationship with both the workers and the users of the non-profit as an integral part of my research. As the author states,

‘while relevant for social research in general, issues of reflexivity are particularly salient for ethnographic research in which the involvement of the researcher in the society and culture of those being studied is particularly close (...). They become a part of the research, a turning back in the form of cultural critique that has moral and political implications as well.’ (pp. 4-5).

I observed the non-profit’s workers during their daily activities, and I helped whenever I could. From this position, I was able to get a glimpse at how power operates in this setting and its unintended consequences, despite the best intentions (Hanna & Kleinman, 2013). I maintained long conversations that were documented as fieldnotes (Sanjek, 1990) and interviewed workers and users who were being helped by the non-profit. The on-going contact with employees, founders and users was important to form a multidimensional understanding of the non-profit’s work.

Both the non-profit founders and their employees tried to do the best they could under the circumstances: the absence of choices available to the residents and the organisation’s own financial constraints. The goal, as I was often told, was to provide relief and lessen the discomfort of the people who reached out to them. Sometimes, the financial resources available would not be enough to solve it, but they tried nevertheless. The results would not be perfect or address the causes behind the problem, but at least these would be attenuated momentarily. HDP partnered with other entities, the employees worked longer hours (or voluntarily) and employed their best intentions to alleviate the situation. The means were sought to reduce the psychosocial, physical and material discomfort of whoever requested the institution’s assistance.

The following section of this article presents the life stories of two residents of Terraços da Ponte who were rehoused in the early 2000s from Quinta do Mocho and who had asked HDP for support due to mental health problems. It illustrates how subjectivities are produced and negotiated locally. Although both Dona Lúcia and Albino are immigrants who came from Angola in the 1990s (Albino was still undocumented at the time of my fieldwork) and who had lived illegally in Quinta do Mocho in self-made shacks, the similarities between their life trajectories ends here.

Dona Lígia had been under HDP care since 2009. In 2006, she was the victim of a domestic violence accident which caused her loss of sight. The attack was perpetrated by her companion when the two were alone in their bedroom. Moved by jealousy, he shot her in the head with the intention of killing her. In the next room, her children from a previous relationship slept. Afterwards, he committed suicide. The cries coming from her bedroom woke up the children, who assisted her and called for an ambulance.

A few months later, Dona Lígia was discharged from the hospital, blind and badly traumatised. She returned to her home but was unable to regain control over her life. Scared of everything, she hardly ever left her apartment, where she was unable to fulfil her daily tasks, or find another job. Dona Lígia felt depressed, alone and suffered from constant headaches caused by the bullet still lodged in her head. Her financial situation rapidly deteriorated. Her economies were reduced to €150 per month from child benefit, but most of the sustenance of this family of four came from the Food Bank and from the help of relatives. 'It's the children who cook and organise the house', commented the social worker.

Although many residents of Terraços da Ponte struggle to find and keep a job, are undocumented and fall behind on their monthly bills (as I could testify during my research at Terraços da Ponte), Dona Lígia was considered to be more vulnerable due to her physical and psychological disabilities. After Dona Lígia had being discharged from the hospital, HDP scheduled a home visit from a rehabilitation centre for blind people, but she was very resistant to their help. Dona Lígia was advised to take mobility training, but also to enrol in other activities adjusted to her new condition. According to the centre's social workers, Dona Lígia's incapacity was more closely related to the traumatic situation that had left her blind than to the physical difficulty in seeing. Psychological intervention was advised in order to help her accept her irreversible situation and put her on the path to rehabilitation.

Dona Lígia's case was therefore considered of the highest priority. Mariana, the psychologist, soon convinced Dona Lígia to start weekly therapy sessions. A few weeks later, I interviewed Dona Lígia and asked her how she felt regarding these appointments. She told me that, although it was difficult for her to talk about some issues, she felt more comforted after the sessions. Nevertheless, Dona Lígia repeated frequently that she believed she would be able to see again and that she could not imagine herself living as a blind person. Her desire to try an experimental treatment in Angola was frequently dismissed as nonsense by everyone at HDP, and both the psychologist and the social worker, Carla, insisted on helping her be autonomous because they

admired Dona Lúgia's love and commitment to her children.

'It is important that Dona Lúgia understands that my role is to help her feel better about herself and to deal with the fears which are still so present in her life', confessed Mariana, frustrated, at one of our weekly meetings. This work on the patient's self-esteem was intended to enable her to accept her situation as a blind woman, but also to prepare Dona Lúgia to confront the world with this permanent disability and to end her reliance on social care benefits. Teaching her to read without seeing the letters and to walk safely on the street with the aid of a walking stick forced her to accept a reality and to move to a situation that would allow her to be more autonomous, but which Dona Lúgia insisted on not accepting because she had not given up on the possibility of seeing again. Therefore, the appointments between Dona Lúgia and Mariana focused on rebuilding the patient's self-esteem in order to reintegrate her in a social order from which the attack from her companion had pulled her apart. Self-esteem, according to Cruikshank (1999), functions as a kind of 'social vaccine (...) a technology in the sense that it is specialized knowledge about how to estimate ourselves, how we evaluate ourselves, how we measure, discipline, and judge ourselves' (pp. 89).

The frustration in Mariana's words points towards a general feeling common among psychologists and social workers, already identified by other anthropologists (Fassin, 2007, Garcia, 2010, Han, 2012). 'We see them suffer and we have to do something' (2012, pp. 194), claimed the psychologists and social workers working with residents from a slum in Santiago, Chile. It is what Han, similar to Garcia (2010), identified as being a type of pastoral altruism. It corresponds to a kind of humanitarian religiosity studied by Michel Foucault (1994), where public concerns about the health of individuals, the legal apparatus, and faith mingle, producing a panoptic effect in which individuals become increasingly fragile and controllable on the basis of the good intentions projected upon them that have their own effects of power. Pastoral emerges as a form of care that promotes, consequently, new subjectivities and of which psychology acts as a strong ally. It produces an ambiguous ethical involvement between those who work with vulnerable populations and who paradoxically become angered by the lack of capacity of their patients to evolve to a different — and supposedly better — situation, leading these social workers to stigmatise their patients even more.

The undefined position of Dona Lúgia (victim/transgressor?) instigated me to research further the motivations behind the non-profit workers, whose stance towards the users became more and more elusive. Malkki (2015) criticised Fassin and Rechtman's (2009) viewpoint, which focused largely on the absence of basic needs of the other as a key factor in the decision to help. The Finnish anthropologist presented an alternative view to the traditional dichotomy

employed in studies on humanitarianism, which opposes the passive sufferer to an active humanitarian capable of changing the course of reality. The search for a more fulfilled life, more satisfactory levels of sociability than those found in his/her homeland or the need to belong to something that transcends them existentially, were some of the reasons found by Malkki in the course of her research. These factors enabled not only the care of others, but also a care of themselves (Foucault, 1976).

Although the workers stated frequently that they tried to help Dona Lgia and Albino, among many others, in order to solve their fragile situations, there was also an active demand to fill gaps on their side, which helped the young trainees give meaning to their daily work. Among the non-profit organisation managers, the social worker and the psychologist, there was a strong desire to help others, particularly those with whom they identified more easily, such as Dona Lgia who seemed committed to recover and rehabilitate in order to become a better mother to her children, although in her own terms. Unfortunately for the interns, this kind of negotiation on Dona Lgia's part was very frustrating, considering the several times they had to cancel her visit to a recovery centre for blind people.

As for Dona Lgia, the work done with and for her self-esteem through psychological monitoring was based on the certainty of what the social worker and the psychologist believed to be the best for her: the psychological support and the invalidity pension would only partly guarantee for her autonomy. Nevertheless, the interns believed that she needed to do more for herself and to try harder to become independent, because her social benefits were not enough to provide for a family of four and the ghost of the 'moral risk of dependence' (Pussetti, 2015, pp. 25) was hovering over them. After all, Dona Lgia owed her psychological recovery to herself, to her children and to the interns who believed in her.

### *Desire, failure and a remedy for the past*

Despite the same identification as 'vulnerable' used by the non-profit to justify the intervention in Albino's life in order to reintegrate him into a recognised social order (Wacquant, 2008), this resident's plight was quite different from Dona Lgia's. Albino was a forty-year-old Angolan immigrant also residing in Terraos da Ponte, who was supported by different social agencies, before being under HDP's care. He had built his shack and had lived for many years in the old Quinta do Mocho, before he was given a room in a shared apartment in Terraos da Ponte. However, due to his addiction to alcohol and his erratic behaviour, his housing situation

became a focus of problems both for himself and for his housemates who frequently complained about him to the municipal workers, trying to get him evicted.

After contacts with several other organisations, HDP appeared as a last resort in a tortuous journey in which Albino had jumped from different institutions, where his condition as an illegal immigrant and his behaviour problems compromised support. These institutions had given up on helping him arguing that he was unable to act responsibly.

When his case was presented at HDP, Mariana and Carla were informed that they needed to help Albino return to a normality that he had once experienced in his life. Being identified as an alcoholic and a schizophrenic<sup>4</sup>, a specific plan was designed for him. The first step would be to schedule psychiatric consultations where the doctor was expected to give Albino a certificate stating that he had a disease that needed to be monitored in Portugal, therefore granting him an extraordinary legalisation based on health issues (Fassin, 2001). But for this legalisation to be successfully completed, he needed to commit to treatment, quit alcohol, and straighten out his life.

However, Albino had different plans for himself. First, he wanted the non-profit to help him apply for a social allowance which would help him reorganise his life. Later, he would try to regularise his immigration situation, a plan he insisted on regardless of its legal possibility. Unfortunately, his strategy did not correspond to the procedures the non-profit had designed for him.

In a private conversation with one of the non-profit's managers, I was told that Albino was able to work, as were other users who came to HDP with the same requests for benefits. Their demands for subsidies and state allowances were interpreted as easy alternatives to responsibility and did not correspond to what was expected of them nor did they fit the social mission of the non-profit, which was to empower the community and to foster autonomous individuals in accordance to state guidelines (Pussetti, 2015).

As other anthropologists previously noted, neoliberalism is responsible for producing 'groups

<sup>4</sup> Although no medical record was provided, Albino's problem was always presented as 'schizophrenia'. As Biehl noted, 'proxy-psychiatrists' are common in contexts where neoliberalism predefines the relationship between individuals and the state. This also contributes, on the other hand, to situations of social abandonment, when families feel like they can dispose of their relatives based on their non-compliance to treatments, as Biehl's (2005) ethnography in neoliberal Brazil so eloquently showed.

of persons who are included and persons who are excluded' (Knight, 2015, pp. 156). As a consequence, these policies – which as we have seen above are better implemented by NGOs in certain territories – 'frame unemployment and poverty as a result of individual choice rather than structural forces. Neoliberal policy-makers deemed the inability to effectively participate in the "free market" a personal failure of the poor.' (*ibid.*).

As for Albino, given the lack of interest in the plans that the association had designed for him, the user ceased to be a special case to become a lost case, and both the psychologist and the social worker were told that they should inform the patient about a programme of voluntary return sponsored by the International Organisation for Migrations<sup>5</sup>. The country of origin, in the logic of this project, functioned as a deposit of lost subjects. A fantasy about the origin was maintained and reproduced based on the premise that, as soon as the immigrant returned to his 'roots', everything would be resolved, not only for him, but for everyone who tried to help him (Vacchiano 2014).

Although throughout my interviews with Albino he expressed a strong desire to reach a higher social and economic status when he had left Angola and established himself in Lisbon, he was never able to reach this desired situation. Social conditions awaiting migrants on arrival, such as Pussetti and Bordonaro (2006) demonstrated, were not often in line with the expectations of modernity — or 'the desire to be another', as Benslama characterised this phenomenon (cited by Vacchiano, 2014, pp. 26) — created even before migrants left their countries of origin. In the face of disillusionment, the idea of returning to the country of origin, this time idealised, was the solution for their disappointing situation. However, this is often not accomplished because it forces immigrants to meet with the frustration generated and a loss of symbolic capital conquered among those who have remained, family and friends.

In many cases disease appears here as a way of negotiating failure. As Lock and Scheper-Hughes have stated: 'affliction is one of several forms of daily resistance' (1990, pp. 64). Deviation associated with disease can also be understood as a subjective mechanism used to postpone the moment of acceptance of failure, not only in their life project, but also in the dreams that animated the departure of these immigrants.

Garcia's (2010) seminal work with heroin addicts in the United States can be used as an interesting framework to clarify Albino's desperate situation. The anthropologist interpreted

<sup>5</sup> For more information about the Voluntary Return Programme sponsored by the IOM visit <https://www.iom.int/assisted-voluntary-return-and-reintegration>

the omnipresence of heroin in family relationships as a place of struggle where culture, politics and history coexisted. Detoxification programmes proliferating nowadays in the US viewed recovery as a process rooted in the need to remember the losses and to revisit the past, reinforcing the feeling of personal failure. Drugs, on the other hand, helped to forget this endless cycle of failure and the inevitable relapses until the final overdose. Like heroine in La Española, alcohol worked for Albino as ‘a remedy for pain that accompanies the past’ (Garcia, 2010, pp. 93).

Trapped in a condition of liminality, since he could not stay in Portugal because he was undocumented, but also unable to return to Angola because he had not yet achieved the desired success, Albino was referred to a situation of marginalisation in which his only capital of agency was his body. It had to be incorporated into a normality through processes of compassion or, alternately, expelled from the country (Fassin, 2005). Despite the economic and institutional pressures that constrained his subjectivity in various respects, Albino struggled to self-define, even if under his own terms. Although the existence of this subject was relegated to ‘bare life’ for everyone around him (Agamben, 1998), Albino continued to see value in his own existence, reinterpreting his hallucinations as spiritual superiority in what psychiatrists and social workers believed to be schizophrenic delusions. When Albino realised that the non-profit was unable to help him and voluntary return was considered a possibility, his visits became sparser until he finally stopped visiting the institution, like he had done before with other organisations.

### *Conclusion*

The discourse of vulnerability, normally used by social workers and non-profits to address their users’ issues, tends not only to disregard differences, but also tries to integrate individuals and groups considered to be more fragile through humanitarian practices, despite their inherent disparities and life trajectories. Subjects are kept on the margins without their real issues being addressed, help is framed as access to basic health, or in the case of Albino, the solution to the problem is sought for elsewhere.

As other authors have noted, there is a progressive medicalisation and pathologisation of cultural difference, pushing immigrants into a political, social and moral invisibility (Pussetti, 2006). On the other hand, a turn to a critical medical anthropology with a sensitive ethnopsychological inspiration (Lechner, 2007), could be helpful in cases such as Dona Lígia’s

and Albino's. It privileges the negotiating position of the body, but also its creative ability to produce original ways of relating it to its surroundings. The body is therefore no longer understood as a passive entity, but as an active producer of meaning (Lock and Scheper-Hughes, 1987). Anthropologists and ethnopsychologists have also found broader applications for life stories which surpass its use as a data collection method during fieldwork. According to Lechner (2007), life stories serve as a means to emancipate and give voice to these invisible subjects, who are frequently silenced by NGO's unquestionable need to help, the flattening discourse of vulnerability and biomedical diagnosis.

In the course of my meetings with Albino, I realised that an intervention inspired by ethnopsychology was not part of HDP's service offerings and even psychological support was still being implemented through Mariana's frustrating efforts to work on Dona Lígia's self-esteem. Even the seemingly proximity of the non-profit founders to the other residents of Terraços da Ponte seemed to me tainted by the dominant discourse of biomedicine, by a logic of moral economies and closer to the funding agencies objectives than to the recipient's actual needs.

By contrast, critical medical anthropology shows how disease depends on discursive formations and how it is constituted within local power relations. It seeks to understand and to disentangle the social, economic and historical conditions that cause illness and suffering in the individuals who present psychological pain, asking how health regulations themselves promote situations of unnecessary structural violence. An intervention based solely and exclusively on the desire to 'lend a hand' may in itself contain the means to perpetuate social and economic inequalities that, if not properly addressed, could further harm already distressed individuals and communities.

In this article, I have tried to explain how vulnerability was produced for decades in a social housing neighbourhood and to illustrate how it materialised in the lives of two of its residents. There is not a single solution to this problem, but in order to fathom how it operates, I have tried to explore several levels of analysis: the non-profits' goals and inspirations, the workers motivations, the subjects' expectations regarding the kind of help they can get from these services and their ability to exert their own agency despite the conditions that determine them. It is not the aim of this article to criticise the work of one NGO in particular or any in general, but to show how ethnography can be used to make visible local nuances and differences usually homogenised under the veil of vulnerability (Han, 2018).



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